Primary Care Education and GP CEPN Fellowship Report

Dr Shu Li Tan
2017 - 2018
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Introduction

I started my fellowship after obtaining my Certificate of Completion of Training (CCT) as a GP in Portsmouth. I have always been interested in the educational aspect of primary care involving all workforce, medical and non-medical alike. It has been a great opportunity to be involved as part of the Wessex Community Education Provider Network (CEPN) as well as to develop my skills, knowledge and experience in various aspects of education and primary care workforce.

My main project for this fellowship is ‘Learning sets for Upskilled multi-professional primary care workforce’. In addition, I have been involved in other projects and attended several courses which facilitated my professional development. I am also doing my PG Cert for MA in Medical Education at University of Winchester.

On my non-fellowship days, I work as a salaried GP in Portsmouth.

Acknowledgements

These individuals and teams have been vital in my fellowship year. I have learnt a tremendous amount from them and hope for more collaborative work in future. Many of them have been inspirational and I would like to extend my appreciation in their guidance and support throughout my fellowship year:

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Team at Centre for Primary Care Education Portsmouth: Tracy Dickinson, Dee Blakey, Lisa Jordan
Training Programme Directors at Portsmouth GPVTS
Team at Wessex CEPN: Dr Richard Weaver, Sue Clarke, Annette Farrell
Julia O’Mara, Practice Nurse Advisor Portsmouth CCG
Introduction

UK General Practice is evolving rapidly. The current workforce demands is driving the emergence of ‘upskilled’ clinical workforce which may consist of nurse practitioners, practice nurses, paramedics, pharmacists and physiotherapists. These practitioners have extended their skills to do some of the tasks historically done by general practitioners (GPs) such as telephone triage, clinical consultations and home visits.

At present, there is no centralised benchmarking of the quality of education and training for this cohort. We have identified a need to support our colleagues in their emerging roles. Figure 1 illustrates the key aims of the project.

Methods

Practitioners in such extended roles were identified using a survey. Education sessions were promoted via flyers emailed to PMs, lead nurses and distributed at primary care educational events.

We adapted the learning set model which is widely used locally to facilitate the continuing professional development.

The content was based on the group’s learning needs identified from feedback and discussions from each sessions The learning set met every 6 weeks (this timing best matched survey feedback and participant availability) and sessions were facilitated by a GP.
Evaluation

Six sessions were facilitated by a GP between December 2017 and July 2018. The topic themes were: Making Sense of Triage, Putting Illness into Context, MSK: Examination Skills and Red Flags, Grumbling Matters of the Abdomen, Headaches and Dizzy Spells. Session feedback has been positive (see Figure 4).

A range of training courses for the primary care workforce is provided by various organisations. These tend to be topic-based and lecture-styled, often to fulfil a compulsory requirement. The learning set model provides a flexible way of addressing the continuous educational needs of these practitioners. It has the benefits of small group learning and is tailored to meet the group’s specific needs. It allows members of the learning set to share ideas and experiences in their roles as well as develop new clinical skills.

We also uncovered some ‘unknown unknowns’ during these multi-professional learning sets (e.g. during Grumbling Matters of the Abdomen session, nurses reported being trained to examine the abdomen in a different way from medics).
It was a difficult to identifying our cohort of ‘upskilled’ nurses and allied health practitioners (AHPs) as they do not have a consistent title. Amongst the titles used are ‘upskilled AHPs’, ‘extended role practitioners’ and ‘advanced practitioners’. This data is not published on the GP surgeries’ websites or obtainable from regional surveys on primary care workforce.

The challenges of running a multi-professional learning set are acknowledged in this project. Early on, there is a need to seek and establish a strong common ground in order for the group to be cohesive with regular attendance and interest. In this project, the common ground would be the same-day consultations experienced by participants. Consistent attendance at sessions was difficult for members, often due to work reasons (e.g. permission to be released from practice).

These sessions have been highly valued by participants. All participants have found the sessions to be ‘good’ or ‘excellent’. Significant recurring themes from the feedback were: participants enjoyed sharing ideas, and valued discussions in a safe, facilitated environment.

The response when asked on how could the sessions be improved, they stated that it was very good and wanted more of it. They also wanted longer sessions.

**Conclusions**

The ‘learning set’ model can be a platform to facilitate multi-professional education for a changing primary care workforce, providing opportunities to network and share educational experience as well as clinical skills. Sessions can help participants develop their competence and confidence working in a primary care setting, and provide support to those who might be working in isolation.
My Reflections

This project has been a multi-faceted learning experience for me. Amongst others, it involved organization skills, small group facilitations skills, implementation of new approaches to multi-professional learning, presentation skills, interpersonal skills, exposure of new developments in medical education and clinical knowledge.

At the beginning, networking was important as there was a need to inform practices in the locality of this project. The survey response was poor. Despite this, I persevered as there seems to be a strong and positive interest for this project after discussions with the associate dean, fellow GPs, key link nurses as well as AHP colleagues. I managed to promote the project to the wider audience through various means with support from the Wessex CEPN and primary care education team.

I equipped myself with facilitation skills by attending the GP Small Group Skills Masterclass. I had to ensure that the participants are aware that the learning set is a platform to facilitate peer discussion and as a support network in their roles, and that it is not to take over clinical advise or practice guidelines. As this is a novel idea, I felt positive pressure to ensure I make adequate preparation for each session.

The initial sessions were a learning curve. I had to plan each session in advance to ensure adequate time is given to notify interested participants. I found that I also had to predict a drop out rate and that not everyone would inform of their absence. Thankfully, this was infrequent. Each session was an enriching and fulfilling experience from my perspective. I found high levels of engagement from the participants of various backgrounds and this was reinforced by positive feedback both verbal and written. A few of the many highlights of the project were the enthusiasm of participants in sharing experience and learning valuable
clinical tips from each other, the MSK session being led by physiotherapists involved in primary care triage, a ‘Q&A panel’ styled session and the different approaches to primary care focused consultation skills. Case simulations of themes on the session were used to consolidate the different consultation models.

It has been a significant challenge to address the collective learning needs of a multi-professional group. I had to encourage the group to provide more specific feedback in order to plan for future sessions. I found that different disciplines have different learning needs thus it was not possible to ensure every session was befitting for all. For example, a pharmacist or a physiotherapist learning need would focus on consultations in their niche compared to paramedics, practice nurses or nurse practitioners who consisted of the majority of participants in the learning set and who would be seeing the majority of the same-day consultations. As their roles become more defined, it might be of greater benefit for AHPs in their specialty to form their own learning sets with joint sessions with other primary care workforce in topics or themes which overlap.

The project gained momentum after the 3rd session run in March. It was no longer a problem to promote upcoming sessions and spaces were filled quickly by participants who have previously attended. It has been encouraging to hear and read both verbal and written feedback about how useful the sessions have been. It drives me to strive better in my role as a GP and in primary care education. I hope that these learning sets can be continued.

It has been a great opportunity to present my project at an international level during the Ottawa-ICME 2018 Conference. The project has also been accepted for a poster presentation at the AMEE as well as the RCGP Annual Conference. I aim to address different aspects and concepts as well as the learning experience of the project at these conferences.
Use of ‘Whatsapp’ as a learning tool in GP training

Background

Technological advancements have pushed the boundaries of educational practice. The mobile device is ubiquitous with the new generation of general practitioner (GP) trainees in the UK. In keeping with developments, we introduced and evaluated the use of WhatsApp as an educational tool to supplement small group learning for GP trainees. The challenges and opportunities of the use of WhatsApp were explored in this learning environment.

Summary of Work

The formation of a WhatsApp group was suggested at the introductory meeting for the group. Inclusion for the programme director (PD) to be part of the group was optional. The group’s messages were transcribed and feedback sought at the end of the rotation. The transcript and feedback were analysed.

Summary of Results

All GP trainees agreed to the group formation with the PD. There were 32 encounters (themed responses on the same day or within 24 hours) over the course of 18 weeks. The average encounter was 1.77 times per week. The 6 themes which emerged were logistics (29%), out of hours (OOH) work (20%), ePortfolio (18%), clinical tips (11%), social chat (13%) and other technicalities (9%). There was a maximum of 2 themes per encounter.

The majority of trainees found themselves engaged with the group. It was a useful platform for communication and activity plans. It also enabled discussions of training needs which were mainly requirements for OOH work and ePortfolio.
Website links and guidelines were also shared. The presence of a PD provided a quick response to questions posed. All trainees thought the content discussed was relevant. No trainees had concerns but two commented on potential worries if messages are sent late at night or the possibility of it being intrusive if used too frequently.

Discussion

GP trainees found the WhatsApp group to be an efficient communication tool to clarify logistics and compulsory requirements in the training scheme. All themes discussed were relevant to GP training.

Based on these positive findings, we will continue suggesting the use of WhatsApp for future GP learning groups as long as the members consent to it. It would be important to discuss and clarify the use of the WhatsApp at the introductory meeting to maximise benefits and to ensure appropriate use.

Conclusion

Mobile applications such as WhatsApp are an effective modern communication method which can supplement small group learning for GP trainees who are willing to engage within the group.
GP Education

The opportunity to be involved in GP training has been invaluable. I thoroughly enjoyed being involved with the education team in Portsmouth and the experience gained has been significant in both my personal and career development.

ST2 Learning Set

I had the opportunity to join a training programme director (TPD) to facilitate the GPST 2 learning set and led several of the sessions when the TPD was away.

I was also able to lead and introduce a new topic to one of the learning set’s sessions which was a different aspect of GP practice. This was well received by the group.

Day release

I have been involved with the Day Release Course including presenting at the session to new trainees, being part of the residential day for the GPST3 and facilitating a few of the sessions.

The education team has been very inclusive and given me opportunity to learn about the work that goes on behind the running of these events.

Prepare for Primary Care (21 March)

I was involved in this in a small capacity facilitating the small group discussion as well as to have informal chat with sixth formers looking into a career in primary care.

Amongst other events which I have participated in are the GP Trainer’s Day, GP Foundation Course and being an observer at a Practice Visit as well as an ARCP Panel.
Courses
GP Small Group Skills Masterclass 3 – 4 October 2017
Quality Improvement in General Practice 9 – 10 January 2018
GP Foundation Supervisor Course 27 April & 11 May 2018
Wessex NextGen GP Dec 2017 – April 2018

Conferences
Ottawa-ICME 12-14 March 2018
My project was accepted for an oral presentation at the Ottawa-ICME 2018 Conference. Presenting the project was a great experience. It was a good exposure to learn more about medical education and medical assessment research at an international level.

AMEE 26-29 August 2018
My project has been accepted for a poster presentation which I will be attending.

RCGP Annual Conference 4 -6 October 2018
I will also be presenting the final results of my project at this conference. It has been accepted as a poster presentation.

CEPN
I presented the early stages of my project at a national CEPN Meeting. I received encouraging support and feedback on the implementation stages of the project. I also learnt more about the role of CEPN and ongoing projects related to CEPN.
I produced a poster for the National CEPN Conference 2018.
I had the opportunity to be involved in a task and finish group for the scoping of paramedics in primary care.
MA Medical Education

I am in the first year for the MA in Medical Education at University of Winchester. It has been challenging for me as the social sciences approach to research and learning is different to what I am used to. Nevertheless, it was interesting and a good educational experience. I would endeavor to a better educator from this and that my educational practice would continue to evolve with time and experience.

What’s next?

I am pleased to be able to continue my involvement in GP education with my new role starting in August as a GP Educator at the Portsmouth Centre for Primary Care Education.

The role of the primary care workforce is ever expanding and I hope these learning sets can be continued. I hope to contribute the results of my project towards a bigger pilot project run by the University of Southampton and University of Bournemouth.

There is local development of the role of Physician Associate in primary care. If the opportunity arises, I would like to be involved by attending the stakeholder meetings at University of Portsmouth who plan to deliver training in this role from 2019.
‘Learning Set’ for the ‘Upskilled’ Multi-professional Workforce in Primary Care


Background
UK General Practice is evolving rapidly; current workforce demands is driving the emergence of ‘upskilled’ clinical workforce which may consist of nurse practitioners, practice nurses, paramedics, pharmacists and physiotherapists (Figure 1). These practitioners have extended their skills to do some of the tasks historically done by general practitioners (GPs) such as telephone triage, clinical consultations and home visits.

As a result of this workforce shift, there is a need to support these practitioners in their emerging roles through education and skills development. Further, there is no centralised system to benchmark the quality of education and training for these practitioners.

Figure 1: Workforce who may be involved in ‘upskilled’ roles

Educational Support
Practitioners in such extended roles were identified using a survey. Figure 3 outlines these initial stages of the project.

Figure 3: Initial stages of the project

We adapted the learning set model which is widely used locally to facilitate continuing professional development. The content was guided by the group’s learning needs, identified from feedback and discussions from each sessions. The learning set met every 6 weeks (this timing best matched survey feedback and participant availability) and sessions were facilitated by a GP.

Evaluation and reflection
Six sessions were facilitated by a GP between December 2017 and July 2018. The topic themes were: Making Sense of Triage, Putting Illness into Context, MSK: Examination Skills and Red Flags, Grumbling Matters of the Abdomen, Headaches and Dizzy Spells. Session feedback has been positive (see Figure 4).

A range of training for the primary care workforce is provided by various organisations. These tend to be topic-based and lecture-styled, often to fulfil a compulsory requirement. The learning set model provides a more flexible way of addressing the educational needs of these practitioners; it is grounded in a group learning approach and can be tailored to need. Set members can share ideas and experience in their respective roles, reflect on practice and develop new clinical skills.

We also uncovered some ‘unknown unknowns’ during the sessions (nurses reporting being trained to examine the abdomen in a different way from medics).

It was difficult to identify the ‘upskilled’ workforce as they do not have a consistent title and information is not published on the GP surgeries’ websites nor obtainable from regional primary care workforce data. Amongst the titles used are ‘upskilled allied health professionals (AHPs)’, ‘extended role practitioners’ and ‘advanced practitioners’.

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All participants reported the sessions to be ‘good’ or ‘excellent’. Significant recurring themes from the feedback were: participants enjoyed sharing ideas, and valued discussions in a safe, facilitated environment.

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References

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